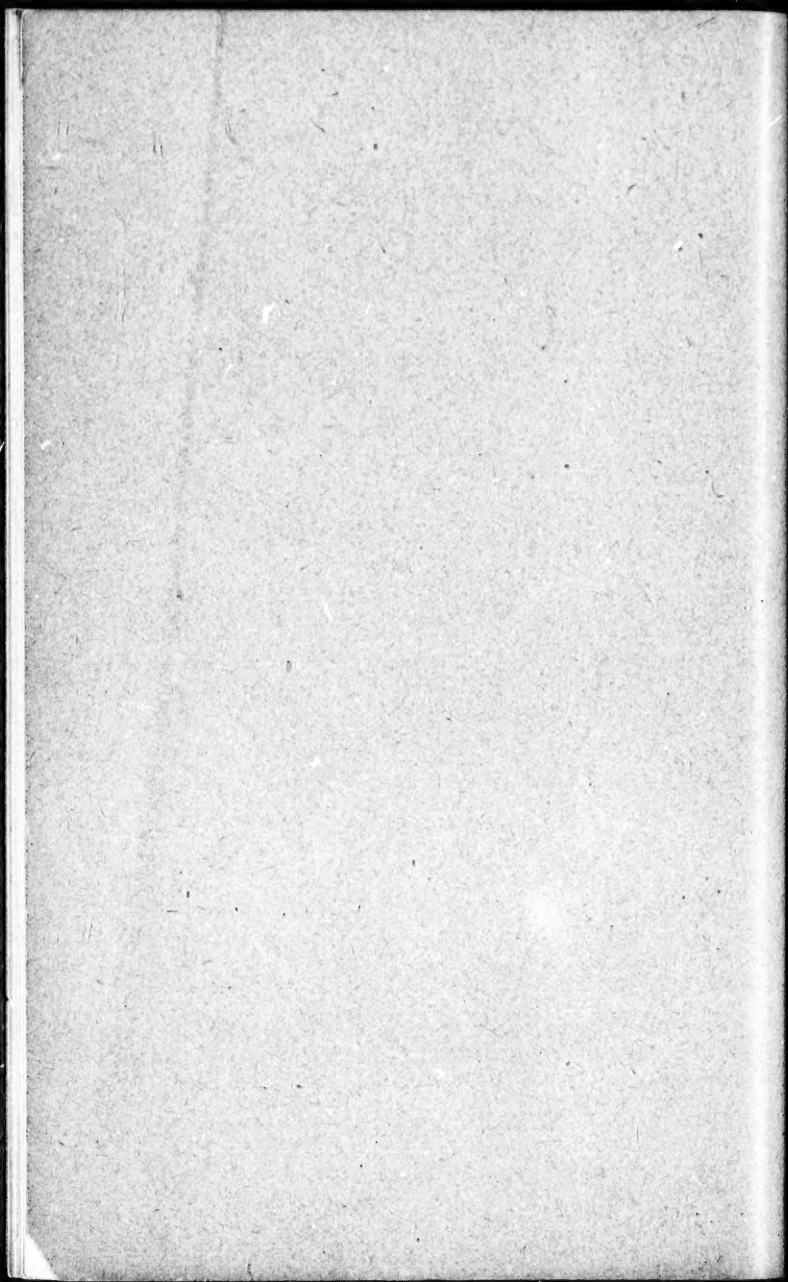


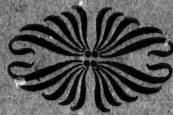


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103 E. Adams St.,
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Is There a Rampoldi's Sign?

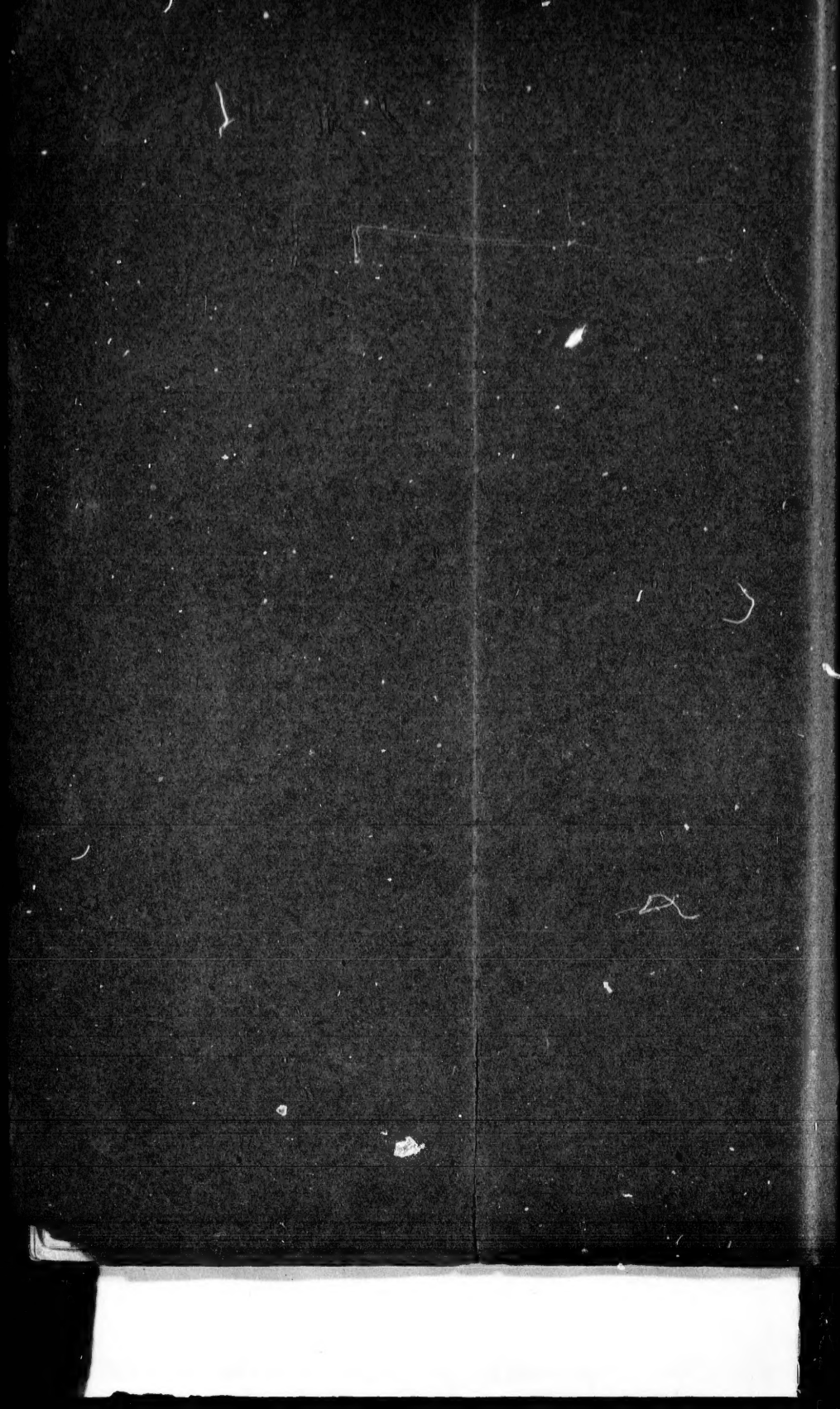
BY

CASEY A. WOOD, M.D.



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IS THERE A RAMPOLDI'S SIGN?

BY CASEY A. WOOD, M.D.

In looking up the literature of a subject in which I happened to be interested, I ran across the first paper by Rampoldi* in which he invited the attention of the profession to the proposition that a transitory but recurrent (and unequal) dilatation of the pupils is an early and almost constant sign of the ordinary form of pulmonary phthisis, and that this pupillary anomaly results from an irritation transmitted by way of the sympathetic to the nerves supplying the iris.

I was induced by the article in question to make some observations on my own account, but as these were neither sufficiently numerous nor extensive to enable me to arrive at any rational conclusion, I said nothing about them. In the last number of the *Annali*, however, Rampoldi has again referred to the matter in a way that makes one feel that a proper investigation of the subject is worth while. If it be true that unequally dilated pupils are to be seen in the very early stages of phthisis pulmonalis, how important it is that we should be on the lookout for such an easily recognized sign!

In the article† last referred to, Rampoldi reviews the opinions of several writers on this subject, and publishes his later experiences. At the last International Medical Congress, Destree read a paper‡ in which he claimed that in 97 per cent. of cases of tubercular phthisis he had observed an unequal dilatation of the pupils dependent upon irritation of the sympathetic plexus at the hilus of the lung from disease in the bronchial glands. This sign, he claims, often precedes the invasion of the lung tissue, and is an unfailing indication of tuberculosis of the bronchial glands. Cardarelli draws attention to the fact that the tubercular character of the swelling in the peribronchial glands has been recognized for a very long time, and that these glands, like the mesenteric, may retain the bacillus *tuberculosis* in a state of latency.

Destree has elsewhere and later affirmed that after long-continued and daily study of these cases he was able to state positively that the pupillary condition is the result of swelling of the peri-

* *Annali di Ottalmologia*, anno xiv, fasc. 4.

† "Ancora Sulle Variazioni Pupillari dipendenti da Malattie Polmonari di Natura Tuberculare," *Annali di Ottalmologia*, anno xxiii, fasc. 6.

‡ "Un Segno Premonitorio della Tuberculosis Polmonare," *Riforma Medica*, anno x, No. 79.

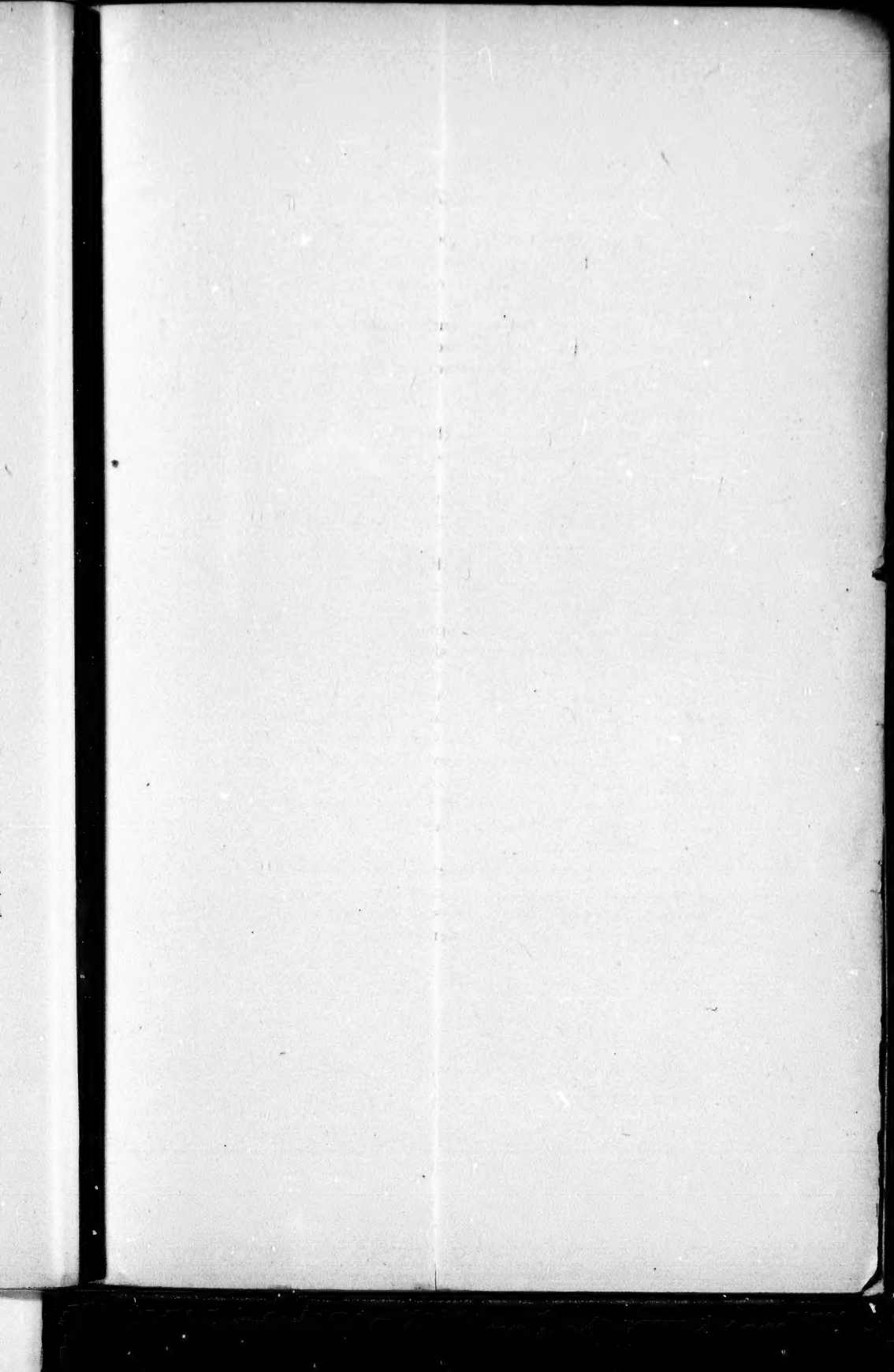
bronchial glands which, pressing upon the filaments of the sympathetic, brings about the mydriasis referred to, and that he had confirmed the fact of pressure upon the nerve by many autopsies. Moreover, recent researches have proved that the peribronchial glands are usually infected very early in pulmonary tuberculosis—are probably the first tissue invaded—and if we could be put into possession of a sign that would indicate that invasion, it is easily understood how important it would be from the standpoint both of diagnosis and treatment.

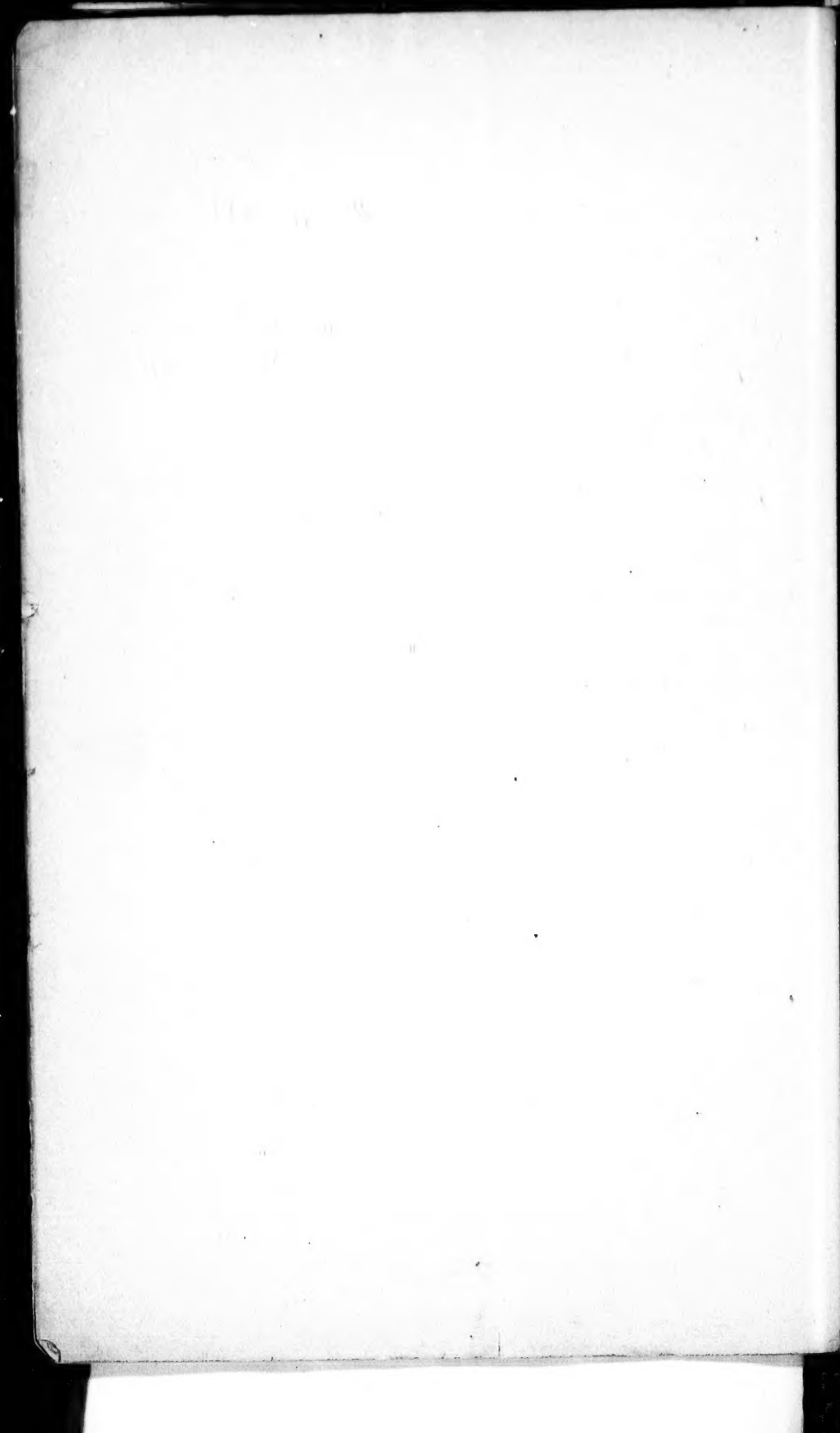
Rampoldi shows that he was the first (in 1885) to draw attention to this sign of pulmonary disease. Later, in 1886, he published a case which seemed to confirm the experience of Oehl "that it is possible to transmit a primary excitation of the vagus to the pupil by way of that sympathetic branch that runs from the superior cervical ganglion to the vagus itself."

In addition to this sign, the author believes the following history furnishes evidence of further implication of the ocular nerve-supply by tubercular disease of the lungs:

R. A—, domestic, aged 16, appeared to be in good health, but had suffered for three years with a slight cough, thought to be bronchitic. She visited the clinic *on account of the drooping of the right upper lid*, which had been noticed the previous fortnight. A careful examination of the eyes was made, and it was found that the patient had a decided ptosis on the right side, accompanied by a marked contraction of the corresponding pupil, which was, at the same time, sluggish to light and accommodation. In other words, she had a ptosis with an unequal *dilatation* of the *two* pupils. There was no trace of posterior synechiæ, and no refractive error. Vision was normal both for distance and near.

Chiefly on account of the irregular innervation of the iris and levator palpebræ superioris—not otherwise explained—Rampoldi suspected pulmonary disease and sent the patient to the medical clinic. She was found to have tuberculosis of the right apex.





THE MEDICAL AGE.

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MEDICINE.

This is the title of a new medical monthly magazine that has made its appearance upon our exchange table, and which we most heartily welcome. It is the result of the enterprise of Mr. Geo. S. Davis, the well known medical publisher, ably seconded editorially by Doctor Harold N. Moyer, of Chicago, and a staff of expert collaborators and contributors, representing the foremost and best medical talent of the Northwest. *Medicine*, moreover, is representative of no college, clique, publishing house, or manufacturing concern, but is merely a high class cosmopolitan medical publication. Such names as Moyer, W. L. Baum, D. A. K. Steele, Hobart A. Marx, G. F. Lydston, W. E. Christopher, S. B. Bishop, N. S. Davis, Jr., J. B. Herrick, G. E. Weaver, H. T. Parrish, M. D. Ewell, Henry Gracie and Norman Bridge associated therewith give abundant assurance of character for the future. The April number presents original articles on "Herpes Zoster Gangrenosus," "Sarcoma of the Kidney in Children," "Cardiac Sedatives," "Prostatic Tuberculosis," "Medical Septicæmia," and "Effects of La Grippe on the Nose, Throat, and Ear." A notable innovation, one we heartily commend, is the absence of "editorials," since it is to be presumed the editor will give expression to his opinions in direct personal contributions.

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